Attorney Docket No.: 002900/D2/EPIC/EPIC/JW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

<table>
<tr><td>In re Application of: Suketu A. Parikh</td><td>) Group Art Unit: 2818</td></tr>
<tr><td></td><td>) Examiner: Berry, Renee R.</td></tr>
<tr><td>Serial No.: 09/843,419</td><td>)</td></tr>
<tr><td>Confirmation No.: 9329</td><td>) <u>Transmittal</u></td></tr>
<tr><td>Filed: 4/26/01</td><td>)</td></tr>
<tr><td></td><td>) Patent Counsel</td></tr>
<tr><td>For: Techniques For Triple And Quadruple</td><td>) Applied Materials, Inc</td></tr>
<tr><td>Damascene Fabrication</td><td>) Legal Affairs Department</td></tr>
<tr><td></td><td>) P.O. Box 450A</td></tr>
<tr><td></td><td>) Santa Clara, CA 95052</td></tr>
</table>

Fee only (handwritten)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a **RESPONSE** in the above-identified application, in response to the Office Action mailed 6/30/2004. The fee has been calculated as shown below.
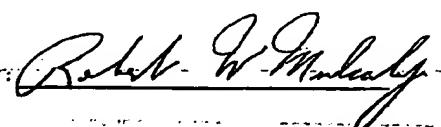
	(Col.1) CLAIMS REMAINING AFTER AMENDMENT		(Col.2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col.3) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL	22	MINUS	26	0	$18.00	$0.00
INDEPENDENT	4	MINUS	8	0	$86.00	$0.00
FIRST	PRESENTATION	· OF	MULTIPLE DEPENDENT	CLAIM		

TOTAL . $0.00

__X__   No additional Filing Fee is required.
__X__   Terminal Disclaimer with USPTO Notice Of Recordation Assignment attachment
__X__   Terminal Disclaimer Fee $110.00
__X__   Petition to extend time to respond
__X__   Response time extension Fee $430.00
__X__   Total Fee $540.00
__X__   The Commissioner is hereby authorized to charge $540.00 to Deposit Account No. 50-174
__X__   The commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>50-174</u>. A duplicate of this transmittal is enclosed.

Please address all correspondence to: **PATENT COUNSEL**
                                                          APPLIED MATERIALS, INC.
                                                          Legal Affairs Department
                                                          P.O. Box 450 A
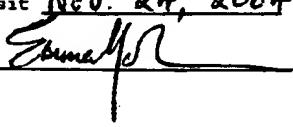   Santa Clara, CA 95052

I hereby certify that this correspondence is being Deposited with the United States Postal Service as Express Mail in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Express Mail Receipt No. EV341111619 US

Date of Deposit Nov. 24, 2004

Signature: _____

Respectfully Submitted,

By: _____

Robert W. Mulcahy
Registration No.: 25,436

Dated: November 24, 2004

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number
08843419

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	26	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	26 —minus 20=	* 6
INDEPENDENT CLAIMS	8 – minus 3 =	* 5
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X$ 9=		OR	X$18=	108.00
X40=		OR	X80=	400.00
+135=		OR	+270=	
TOTAL		OR	TOTAL	1218.00

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

12/20/04

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 55	Minus	** 26	= 29
Independent	* 8	Minus	*** 8	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	522.00
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	522.00 pd

* awaiting response

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.